

Message

From: Stahmann, Eric [eric.stahmann@walgreens.com]
Sent: 7/15/2017 8:06:34 AM
To: Patel-Kar, Jalpa [jalpa.patelkar@walgreens.com]
CC: Daugherty, Patricia [patricia.daugherty@walgreens.com]; Polster, Natasha [tasha.polster@walgreens.com]
Subject: RE: National TD GFD policy power point
Attachments: GFD Training.pptx; Pharmacist Coaching Opportunities V2.pptx

Hi Jalpa,

I'm not sure if you have this already but attached is the national TD GFD training deck and a supplemental GFD coaching opportunities deck. I have also put together various custom decks for HCSs in my area per their request. If the attached decks don't fulfill your needs let feel free to reach out to me directly.

Thanks!

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Manager | Pharmaceutical Integrity | Western Operation
Walgreens Co. | 200 Wilmot Road | MS#2189
Deerfield, IL 60015
Office#: (847) 315-2688
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From: Polster, Natasha
Sent: Saturday, July 15, 2017 6:44 AM
To: Patel-Kar, Jalpa <jalpa.patelkar@walgreens.com>
Cc: Daugherty, Patricia <patricia.daugherty@walgreens.com>; Stahmann, Eric <eric.stahmann@walgreens.com>
Subject: RE: National TD GFD policy power point

+ Patty, Eric

See below. Do either of you have one?

From: Patel-Kar, Jalpa
Sent: Saturday, July 15, 2017 3:10 AM
To: Polster, Natasha <tasha.polster@walgreens.com>
Subject: National TD GFD policy power point

Tasha,

Would you happen to have a more updated deck on TD GFD policy and procedures? I am working with my DPR, Erin to level set expectations of GDF fills in our area. I would appreciate any updated information you can share with me to present for my Area.

Thank you and have a wonderful weeked!

Jalpa Patel-Kar, PharmD
Area 23 Health Care Supervisor

PLAINTIFFS TRIAL
EXHIBIT
P-19616_00001

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**This is a hidden slide. It contains
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Good Faith Dispensing Training

RX Integrity



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Agenda



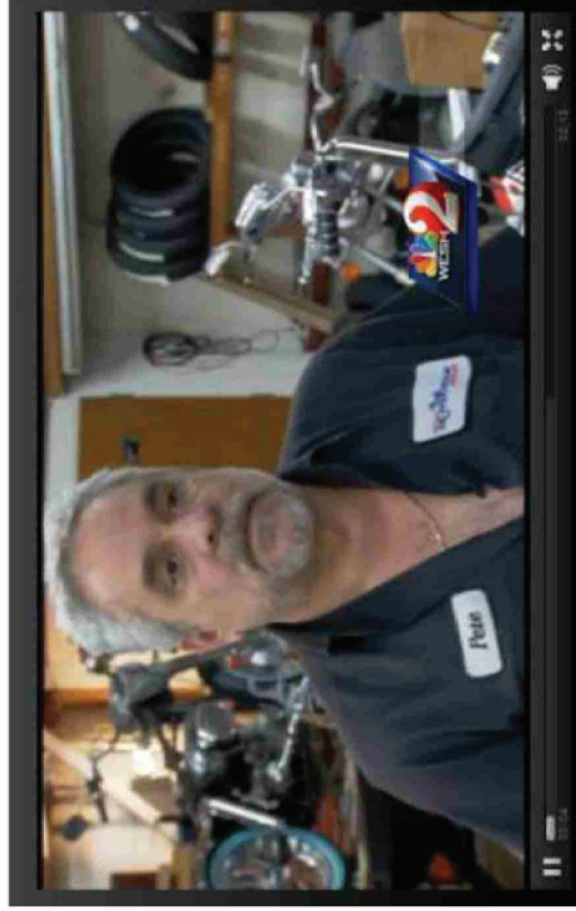
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Video Clip

Pharmacists make us feel like drug addicts

Interview: Pharmacists make us feel like 'drug addicts'

UPDATED 6:18 PM EST Jan 29, 2015



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Video Clip

Patient says she needs prescription filled in order to function

Patient says she needs prescription filled in order to function

UPDATED 2:15 PM EST Jan 29, 2015



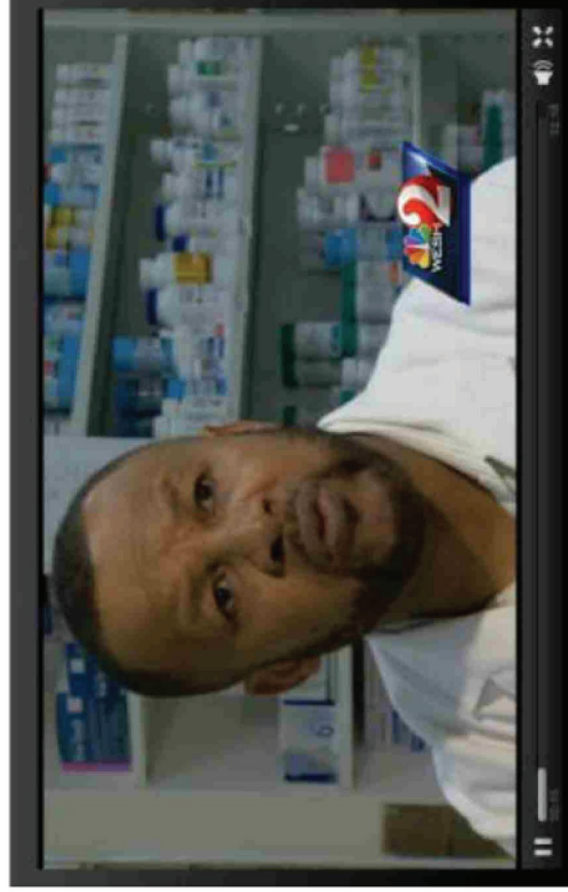
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Video Clip

Pharmacist: says pain killer restrictions can be deadly for patients

Pharmacist: Pain killer restrictions can be deadly for patients

UPDATED 2:18 PM EST Jan 29, 2015



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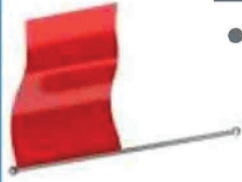
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Company Expectations



Red Flags: Prescriptions, Patients, Prescribers

- In your groups, make a list of red flags that may indicate a prescription is not legitimate:
 - Group 1: Prescriptions
 - Group 2: Patients
 - Group 3: Prescribers
- You have 2 minutes
- At the end of the 2 minutes, be prepared to share your list.



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Company Expectations



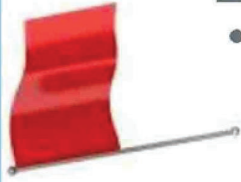
Red Flags: Prescriptions

- Large quantities on prescriptions or large number of controlled substance prescriptions
- Highly abused prescriptions for “cocktails” (opiate, benzodiazepine, and muscle relaxant combo)
- Therapeutic duplication of two or more long-acting or short-acting opiates
- Early refills
- Handwritten prescription that appears altered
- Prescription was refused at another pharmacy
- Prescription is written for someone other than the person presenting the prescription and the person is not the caregiver



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Company Expectations



Red Flags: Patients

- Patients travel in groups or live at the same address
- Patient shows physical signs associated with abuse
- Patient statements and conduct suggest abuse
- Patient has received controlled substance prescriptions from multiple prescribers
- Patient fills controlled substance prescriptions at multiple pharmacies
- Patient only wants controlled substance prescriptions filled
- Patient presents prescriptions for highly abused medications
- Patient is diverting or selling all or part of his/her medications or obtaining drugs from others.



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Company Expectations



Red Flags: Prescribers

- Prescriber's DEA registration or state license has been previously revoked or suspended or is pending suspension or revocation
- Prescriber's DEA registration or state license has expired, is suspended or revoked
- Prescriber is writing prescriptions outside the scope of his/her practice as defined by state law
- Prescriber/Pain Clinic that takes cash only
- Prescriber is unwilling to discuss treatment plan or answer any questions
- Prescriber's office is located a reasonably long distance from the patient's home or place of work and/or from the pharmacy



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Company Expectations



“Any pharmacist who fails to meet his/her “corresponding responsibility” obligation when dispensing a prescription for a controlled substance, or does not follow the validation procedures outlined below, is subject to disciplinary action up to and including termination of employment.”

Controlled Substance Prescriptions and Good Faith Dispensing Policy



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Video Training 1



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Video Training 2



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Video Training 3



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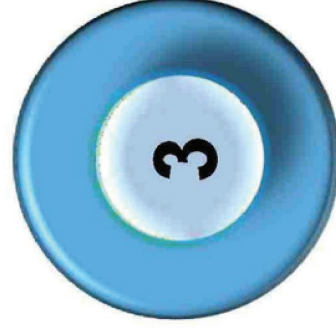
Video Training 4



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Case Study

- In your groups, review the case study.
- Determine what you would do as a pharmacist in the situation and how you might respond to the customer.
- You have 3 minutes
- At the end of the 3 minutes, be prepared to share your answers.



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Case Study #1

A caregiver presents to the pharmacy a prescription for his wife from her oncologist/cancer center. The pharmacist tells the caregiver she will not fill it because she is unable to reach the prescriber to confirm the prescription since the prescriber's office is closed. The pharmacist tells the patient to come back tomorrow.



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Case Study #2

A patient presents to the pharmacy two controlled substance prescriptions. Both are short acting opiates. The patient has no history of long acting medications to treat pain. Diagnosis is for lower back pain.



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Case Study #3

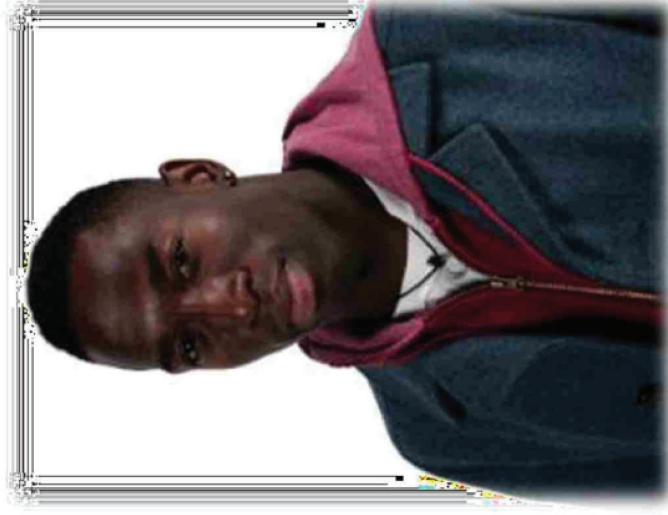
A patient presents a prescription for Suboxone 8-2mg film for 4 films/day. The prescription is from a local Suboxone clinic and this is the first time this patient is presenting this prescription to your pharmacy.



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Case Study #4

A student attends the university near your pharmacy and presents a prescription for Vyvanse 50mg daily. Your pharmacy fills various amphetamine prescriptions from the college students at this nearby campus.



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Case Study #5

A patient presents two prescriptions for Oxycodone/Apap 10-325mg, and Carisoprodol 350mg. You notice the profile also shows he had just picked up a prescription for Alprazolam 2mg last week which the patient refills regularly every month. Upon reviewing PMP, you note the patient has been on all three medications for the past year.



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Thank You

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Appendix

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Talking Points When Refusing to Fill a Prescription

SAY:

"Walgreens is working hard to ensure the safe dispensing of controlled pain medications. Based on my clinical review and professional judgment, this prescription does not meet the requirements Walgreens has put in place for dispensing these medications. Therefore, we cannot fill this prescription

If a Patient Questions a Delay

SAY:

"I'm sorry, but Walgreens is working hard to ensure our patients get the medications they need, but also that we do everything we can to help reduce the abuse of controlled pain medications. As a result, we have to take a bit more time with each prescription."

"I apologize for the inconvenience, but the time we take to review each prescription is a necessary to ensure we are meeting our commitment for the safe dispensing of medications to our patients."

Important Note: There are legitimate reasons why customers might need these products. Remember, most prescriptions for these medications will be for legitimate medical conditions and not used for diversion. Please apologize for the delay and help the patient understand why we have to comply with the verification procedures.



Case Study #1

A caregiver presents to the pharmacy a prescription for his wife from her oncologist/cancer center. The pharmacist tells the caregiver she will not fill it because she is unable to reach the prescriber to confirm the prescription since the prescriber's office is closed. The pharmacist tells the patient to come back tomorrow.

- What would you do if you were the pharmacist in this situation?
- What would you say?



Case Study #2

A patient presents to the pharmacy two controlled substance prescriptions. Both are short acting opiates. The patient has no history of long acting medications to treat pain. Diagnosis is for lower back pain.

What would you do if you were the pharmacist in this situation?



Case Study #3

A patient presents a prescription for Suboxone 8-2mg film for 4 films/day. The prescription is from a local Suboxone clinic and this is the first time this patient is presenting this prescription to your pharmacy.

What would you do if you were the pharmacist in this situation?



Case Study #4

A student attends the university near your pharmacy and presents a prescription for Vyvanse 50mg daily. Your pharmacy fills various amphetamine prescriptions from the college students at this nearby campus.

What would you do if you were the pharmacist in this situation?



Case Study #5

A patient presents two prescriptions for Oxycodone/Apap 10-325mg, and Carisoprodol 350mg. You notice the profile also shows he had just picked up a prescription for Alprazolam 2mg last week which the patient refills regularly every month. Upon reviewing PMP, you note the patient has been on all three medications for the past year.

What would you do if you were the pharmacist in this situation?





Pharmacist GFD Review Coaching Opportunities

Pharmaceutical Integrity Team

April 2013

Walgreens
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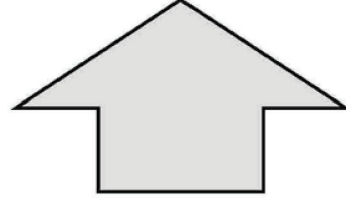
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Agenda

Topics:

- Review select Pharmacists specific to district/market with GFD opportunities
- Review controlled substances validation procedures
- Case Studies
- Review controlled substance prescription examples with the pharmacist



Intended Outcomes:

- Identify opportunities for improvement specific to a pharmacist by reviewing potential issues in controlled substance dispensing
- Reiterate the GFD and TD GFD Validation Procedure



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Why are we doing this?

- To better assist supervision in evaluating overall GFD and controlled substance dispensing by reviewing prescriptions filled by select pharmacists.
- To provide a framework for the RXS to review controlled substance dispensing in our stores. This process is intended to assist pharmacists and assess, as well support, their exercise of professional judgment while carrying out their corresponding responsibility under the law.
- Pharmacists were selected based on dispensing patterns in 5 or more categories including Oxycodone, Hydromorphone, Methadone, Soma, Hydrocodone, CII's, and All Controls



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What if a prescription example I review with my pharmacist fits within the guidelines of Good Faith Dispensing?

District and market leadership store visits reinforce GFD. The Pharmacist GFD Tool was designed to assist leadership in having discussions with pharmacists around good faith dispensing.

Certain prescription examples may appear to fit within the confines of GFD practice. Look for documentation to support the pharmacist's TD/GFD decision.

The decision to dispense a prescription is ultimately up to the pharmacist, however, proper documentation to support the decision is needed. It is important that pharmacists document all actions taken during GFD process.



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Coaching Opportunities

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Review: Validation Process for Controlled Substances

Pharmacists should consider all available resources that can assist them in determining the appropriateness of filling a controlled substance prescription. This may include:

- Referencing the state Prescription Drug Monitoring Program website (in states where this is available)
- Reviewing the patient's profile
- Conversation with patient or caregiver
- Considering information from other pharmacists in the community (if indicated).
- Identifying prescriber trends
- Conversation with prescriber or clinical staff as needed

There are 3 key lenses through which a prescription should be evaluated when a pharmacist is presented with a controlled substance prescription.

1. Prescriber
2. Individual/Patient
3. Prescription



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Prescriber Considerations

1. Prescription is written by a prescriber located outside of the pharmacy's trade area.
2. Prescriber routinely prescribes large number (or percentage) of prescriptions for controlled substances relative to prescriptions for non-controlled substances.
3. Prescriber prescribes the same medication, with the same directions, for the same quantity for a large number of individuals.
4. Prescriber provides the same diagnosis for the majority of individuals.
5. Prescriber commonly writes narcotic prescriptions for individuals between 18-35 years old, especially chronic therapy.
6. Knowledge that prescriber operates on a "cash only" basis - does not accept insurance.



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Individual/Patient Considerations

1. Individual pays cash, or insists paying cash for controlled substances even though insurance is on file.
2. Evidence of “doctor shopping” exists.
3. Evidence of “pharmacy shopping” exists.
4. Individual resides outside of the trade area of your pharmacy (cannot be reasonably explained)
5. The individual’s statement and conduct or behavior suggest abuse of controlled substances.
6. Individual routinely attempts to obtain an early refill on controlled substances.
7. Individuals have suspicious relationships with each other.



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Prescription Considerations

1. Prescriptions presented represent a cocktail of commonly abused drugs.
2. Prescriptions presented is for an unusually large quantity or high starting dose.
3. Individual insists on the brand name, or a certain generic company's drug being dispensed.
4. Prescriptions appear to be altered or duplicated.



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Prescription Review

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Prescription Selection

Criteria:

1. High dose controlled substance
2. High quantity Oxycodone
3. High quantity Methadone
4. High quantity Hydrocodone
5. Cocktails such as an Opiate or Hydrocodone, Benzodiazepine and Carisoprodol
6. New patients with a high quantity control substance paying cash



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Case Studies

Case Study 1

Carisoprodol 350mg Sig:18 PO Q Day Qty: 540 Refills:3



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Case Studies

Case Study 2

Hydrocodone 10/325mg Sig:1 PO QID PRN Qty:120

Carisoprodol 350mg Sig:1 PO Q 6hrs Qty:100

Alprazolam 05.mg Sig: 1 PO BID PRN for anxiety Qty: 30



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Case Studies

Case Study 3

Oxycontin 80mg Sig:5-8 tabs PO Q 3-4 hrs Qty: 720
Oxycontin 40mg Sig: 2-3 tabs PO Q 4-6 hrs Qty: 400
Oxycodone 30mg Sig: 3-4 tabs PO Q 4-6 hrs Qty: 360



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Case Studies

Case Study 4



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Talking Points

- Not all prescription examples are necessarily bad prescriptions.
- The decision whether to dispense or refuse may vary by pharmacist but should be reasonably explained.
- It's important to look for documentation that the pharmacist used the tools available as appropriate in the decision making process, such as the PDMP, reviewing the patient profile, or speaking with the patient or caregiver.



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Supporting Documents

- **GFD and TD GFD Policy posted on Storenet**
- **RX Integrity on Storenet**
- **CE's on Storenet/Learn/Continuing Education/Pain Management**



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Next Steps

- **Review and familiarize yourselves with:**
 - Resources available on the RX Integrity website
 - Top pharmacists identified in your area
 - Prescription examples specific to your pharmacists
 - Patient, prescriber and prescription considerations
- **Incorporate pharmacist coaching on controlled substances in your store visits**
- **Ensure all stores have a “refused” folder for controlled substances**
- **Communicate with your pharmacists**



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Questions?

- Pharmacy Supervisors can direct questions to the Divisional Rx Integrity Managers:
 - Christopher (Chris) Dymon - East
 - Patricia (Patty) Daugherty - Midwest
 - Edward (Ed) Bratton - South
 - Eric Stahmann - West

OR

- Rx Integrity E-mail: (rxintegrity@walgreens.com)



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Thank You

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